

## PROOF OF CLAIM

Name of Debtors: <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input checked="" type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input checked="" type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation  *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11		Creditor ID#: 788-15086
Name of Creditor (The person or other entity to whom the debtor owes money or property):  Daily American Republic Butler County Pub., Inc.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		United States Bankruptcy Court Southern District of Texas FILED  JUN 30 2000  Michael N. Milby, Clerk
Name and address where notices should be sent:  *****AUTO**ALL FOR AADC 630 Daily American Republic Butler County Pub., Inc. PO Box 7 Poplar Bluff MO 63902-0007  [Barcode]		<input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case		
		<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor: SSI		Check here _____ replaces if this claim _____ amends a previously filed claim, dated: _____		
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Mortgage</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ - _____ - ____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
2. Date debt was incurred:		3. If court judgment, date obtained:		
4. Total Amount of Claim at Time Case Filed: \$ _____ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>\$5,022.71</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input checked="" type="checkbox"/> Other — Specify applicable paragraph of 11 U.S.C. § 507(a-____). <i>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
7. Credits: The amount of all payments on this claim has been credited and deducted for _____ the purpose of making this proof of claim.		This Space Is for Court Use Only		
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.				
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.				
Date x06/26/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): x [Signature]  967			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.				



# DAILY AMERICAN REPUBLIC

P.O. BOX 7  
POPLAR BLUFF MO 63902

Invoice No.

## INVOICE

### Customer

Name STAGE STORES, INC-ADVERTISING BUS OFFICE  
Address P.O. BOX 35718  
City HOUSTON State TX ZIP 77235-5718  
Phone \_\_\_\_\_

Date 6/26/00  
Order No. \_\_\_\_\_  
Rep GAYLE MOBLEY  
FOB \_\_\_\_\_

DATE	Description	TOTAL
6/10/98	CHECK # 410737 PAYMENT SHORT	\$0.20
10/15/99	CHECK # 554178 PAYMENT SHORT	\$73.92
11/26/99	CHECK # 572797 PAYMENT SHORT	\$54.73
12/28/99	CHECK # 588738 PAYMENT SHORT	\$61.50
2/4/00	CHECK # 600888 PAYMENTSHORT	\$106.64
3/3/00	CHECK # 616146 PAYMENT SHORT	\$27.90
3/21/00	CHECK # 625862 PAYMENT SHORT	\$9.30
5/4/00	CHECK # 643277 PAYMENT SHORT	\$100.80
5/3/00	ADVERTISING-GOB 20-40%	\$521.36
5/10/00	ADVERTISING-GOB 20-40%	\$521.36
5/17/00	ADVERTISING-GOB 20-40%	\$521.36
5/24/00	ADVERTISING-GOB 20-40%	\$521.36
5/31/00	ADVERTISING-GOB 30-50%	\$521.36
6/9/00	ADVERTISING-GOB 30-50%	\$521.36
6/14/00	ADVERTISING-GOB 30-50%	\$521.36
6/21/00	ADVERTISING-GOB 30-50%	\$521.36
6/26/00	TOTAL SERVICE CHARGES	\$416.84

### Payment Details

- ☐ Cash  
☒ Check  
☐ Credit Card

Name \_\_\_\_\_  
CC # \_\_\_\_\_  
Expires \_\_\_\_\_

Shipping & Handling  
Taxes MISSOURI

**TOTAL** \$5,022.71

Office Use Only

1-1/2% FINANCE CHARGES PER MONTH